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3738 #

|  |                      |                        |             |
|--|----------------------|------------------------|-------------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 10/023,027             |             |
|  | Filing Date          | 12/17/2001             |             |
|  | First Named Inventor | Arnold M. Escano       |             |
|  | Art Unit             | 3738                   |             |
|  | Examiner Name        | Javier G. Blanco       |             |
| Total Number of Pages in This Submission   | 11                   | Attorney Docket Number | ENDOV-51640 |

| ENCLOSURES (check all that apply)  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Licensing-related Papers                               | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment / Reply                        | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert a Provisional Application          | <input type="checkbox"/> Proprietary Information   |
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| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

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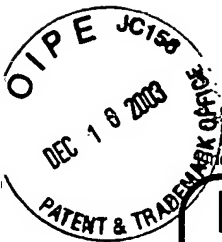
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|-------------------------|---|-------------------------|
| Firm or Individual name | John V. Hanley<br>FULWIDER PATTON LEE & UTECHT, LLP | TECHNOLOGY CENTER R3700 |
| Signature               |   |                         |
| Date                    | 12/2/2003   |                         |

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| Typed or printed name | John V. Hanley |      |           |
| Signature             |                | Date | 12/2/2003 |

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PTO/SB/17 (10-03)  
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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$110.00

## Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/023,027       |
| Filing Date          | 12/17/2001       |
| First Named Inventor | Arnold M. Escano |
| Examiner Name        | Javier G. Blanco |
| Art Unit             | 3738             |
| Attorney Docket No.  | ENDOV-51640      |

| <b>METHOD OF PAYMENT</b> (check all that apply)   |           | <b>FEE CALCULATION</b> (continued)   |          |  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
|---|-----------|--|----------|--|----------|-----------------|----------|-----------------|-----------|----------|----------|----------|----------|--------------------|----------|------------------------|----|-------------------------------------|------|--------------------|-----|-----------------------------------|----|--|-----|------|-----|---------------------------------------|-----|-----------------------------|-----|------|-------|--|-------|--|-----|------|------|--|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--------|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|--|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|--------------|--|--|--|------|--------|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |           | <b>3. ADDITIONAL FEES</b>  |          |  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 06-2425<br>Deposit Account Name: Fulwider Patton et al.   |           | <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non - English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td>110.00</td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or Reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(a)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="4">Other fee (specify) _____</td><td></td><td></td></tr><tr><td colspan="4">SUBTOTAL (3)</td><td>(\$)</td><td>110.00</td></tr></tbody></table> |          | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid  | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051               | 130      | 2051                   | 65 | Surcharge - late filing fee or oath |      | 1052               | 50  | 2052                              | 25 | Surcharge - late provisional filing fee or cover sheet |     | 1053 | 130 | 1053                                  | 130 | Non - English specification |     | 1812 | 2,520 | 1812   | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 1804 | 920* | 1804   | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month | 110.00 | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or Reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(a) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | SUBTOTAL (3) |  |  |  | (\$) | 110.00 |
| Large Entity  |           | Small Entity   |          | Fee Description  | Fee Paid |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| Fee Code  | Fee (\$)  | Fee Code   | Fee (\$) |  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1051  | 130       | 2051   | 65       | Surcharge - late filing fee or oath  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1052  | 50        | 2052   | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1053  | 130       | 1053   | 130      | Non - English specification  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1812  | 2,520     | 1812   | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1804  | 920*      | 1804   | 920*     | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1805  | 1,840*    | 1805   | 1,840*   | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1251  | 110       | 2251   | 55       | Extension for reply within first month                                     | 110.00   |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1252  | 420       | 2252   | 210      | Extension for reply within second month                                    |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1253  | 950       | 2253   | 475      | Extension for reply within third month                                     |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1254  | 1,480     | 2254   | 740      | Extension for reply within fourth month                                    |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1255  | 2,010     | 2255   | 1,005    | Extension for reply within fifth month                                     |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1401  | 330       | 2401   | 165      | Notice of Appeal   |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1402  | 330       | 2402   | 165      | Filing a brief in support of an appeal                                     |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1403  | 290       | 2403   | 145      | Request for oral hearing   |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1451  | 1,510     | 1451   | 1,510    | Petition to institute a public use proceeding                              |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1452  | 110       | 2452   | 55       | Petition to revive - unavoidable   |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1453  | 1,330     | 2453   | 665      | Petition to revive - unintentional   |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1501  | 1,330     | 2501   | 665      | Utility issue fee (or Reissue)   |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1502  | 480       | 2502   | 240      | Design issue fee   |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1503  | 640       | 2503   | 320      | Plant issue fee  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1460  | 130       | 1460   | 130      | Petitions to the Commissioner  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1807  | 50        | 1807   | 50       | Processing fee under 37 CFR 1.17(a)  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1806  | 180       | 1806   | 180      | Submission of Information Disclosure Statement                             |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 8021  | 40        | 8021   | 40       | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1809  | 770       | 2809   | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1810  | 770       | 2810   | 385      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1801  | 770       | 2801   | 385      | Request for Continued Examination (RCE)                                    |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1802  | 900       | 1802   | 900      | Request for expedited examination of a design application                  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| Other fee (specify) _____   |           |  |          |  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| SUBTOTAL (3)  |           |  |          | (\$)   | 110.00   |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| <b>FEE CALCULATION</b>  |           |  |          |  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| <b>1. BASIC FILING FEE</b>  |           |  |          |  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td>(\$)</td><td></td></tr></tbody></table>   |           | Large Entity   |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$)  | Fee Code | Fee (\$) | 1001     | 770      | 2001               | 385      | Utility filing fee     |    | 1002                                | 340  | 2002               | 170 | Design filing fee                 |    | 1003   | 530 | 2003 | 265 | Plant filing fee                      |     | 1004                        | 770 | 2004 | 385   | Reissue filing fee                                 |       | 1005   | 160 | 2005 | 80   | Provisional filing fee                                     |      | SUBTOTAL (1)   |  |      |        | (\$) |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| Large Entity  |           | Small Entity   |          | Fee Description  | Fee Paid |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| Fee Code  | Fee (\$)  | Fee Code   | Fee (\$) |  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1001  | 770       | 2001   | 385      | Utility filing fee   |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1002  | 340       | 2002   | 170      | Design filing fee  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1003  | 530       | 2003   | 265      | Plant filing fee   |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1004  | 770       | 2004   | 385      | Reissue filing fee   |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1005  | 160       | 2005   | 80       | Provisional filing fee   |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| SUBTOTAL (1)  |           |  |          | (\$)   |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND</b>  |           |  |          |  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| <table><thead><tr><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr></thead><tbody><tr><td>Total Claims</td><td>-20** = 0</td><td>X</td><td></td><td>=</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>-3** = 0</td><td>X</td><td></td><td>=</td><td>0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td>=</td><td></td></tr></tbody></table>  |           | Extra Claims   |          | Fee from below   |          | Fee Paid        |          | Total Claims    | -20** = 0 | X        |          | =        | 0.00     | Independent Claims | -3** = 0 | X                      |    | =                                   | 0.00 | Multiple Dependent |     |                                   |    | =  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| Extra Claims  |           | Fee from below   |          | Fee Paid   |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| Total Claims  | -20** = 0 | X  |          | =  | 0.00     |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| Independent Claims  | -3** = 0  | X  |          | =  | 0.00     |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| Multiple Dependent  |           |  |          | =  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td>(\$)</td><td>0.00</td></tr></tbody></table> |           | Large Entity   |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$)  | Fee Code | Fee (\$) | 1202     | 18       | 2202               | 9        | Claims in excess of 20 |    | 1201                                | 86   | 2201               | 43  | Independent claims in excess of 3 |    | 1203   | 290 | 2203 | 145 | Multiple dependent claim, if not paid |     | 1204                        | 86  | 2204 | 43    | ** Reissue independent claims over original patent |       | 1205   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | SUBTOTAL (2)   |  |      |        | (\$) | 0.00   |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| Large Entity  |           | Small Entity   |          | Fee Description  | Fee Paid |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| Fee Code  | Fee (\$)  | Fee Code   | Fee (\$) |  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1202  | 18        | 2202   | 9        | Claims in excess of 20   |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1201  | 86        | 2201   | 43       | Independent claims in excess of 3  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1203  | 290       | 2203   | 145      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1204  | 86        | 2204   | 43       | ** Reissue independent claims over original patent                         |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| 1205  | 18        | 2205   | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| SUBTOTAL (2)  |           |  |          | (\$)   | 0.00     |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
| **or number previously paid, if greater; For Reissues, see above  |           |  |          |  |          |                 |          |                 |           |          |          |          |          |                    |          |                        |    |                                     |      |                    |     |                                   |    |  |     |      |     |                                       |     |                             |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |        |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |        |
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| Name (Print/Type)   | John V. Hanley | Registration No. (Attorney/Agent) | 38,171       |
| Signature           |                | Telephone                         | 310-824-5555 |
|                     |                | Date                              | 12/2/2003    |

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